



Charitable Bingo Operations Division
Conductor License Amendment

CONDUCTOR

FORMID 11

ORGANIZATION INFORMATION

PLEASE PRINT LEGIBLY OR TYPE - USE BLACK INK

1.
 Taxpayer Number License Number Name of Organization

EFFECTIVE DATE

2. Date you wish to begin conducting bingo under the amended license:
 MM DD YYYY
 In conjunction with
 Other organization Taxpayer Number

Complete only the section corresponding to the information that is changing.

UPDATED PLAYING TIMES

3. Enter the entire playing schedule, even those days that are not changing.

Day	Begin Time	End Time	Day	Begin Time	End Time	Day	Begin Time	End Time
<input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM to	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM to	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM to	<input type="checkbox"/> AM <input type="checkbox"/> PM
First Occasion			Second Occasion			Third Occasion		

UPDATED ORGANIZATION INFORMATION

4.
 Name of Organization

Mailing Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)

City State ZIP Code County

Organization Website Address Fax Number (Area Code & Number)

Individual's Name to Contact Phone Number (Area Code & Number)

Alternate Phone Number (Area Code & Number) E-mail Address

UPDATED ORGANIZATION LOCATION

5. Enter the new primary business address at which you conduct your meetings and principle business. (Attach meeting minutes)
 (The primary business address is where your business records are maintained.)

Name of organization and primary business address where business records are maintained

Physical Address (Do Not enter PO Box or Directions, i.e., 5 miles north of I-20)

City State ZIP Code County

Business office Principle residence of the CEO

6. Has the organization, at a meeting of the membership, voted to change the primary business address?

YES Attach a copy of the meeting minutes.

7. Is this organization affiliated with a state or national organization?

YES NO If "YES," submit a copy of approval from the state or national organization regarding the change of primary business office address if there is a change in county.

UPDATED LOCATION INFORMATION

8. How is the location controlled by your organization?
- Own** (List date acquired _____/_____/_____) (Go to Item 10)
 - Lease**, including use of facilities free of charge (Go to Item 9) **Lease Amount** \$ _____
 - Non-Licensed Government Entity** (Go to Item 10)

UPDATED LESSOR INFORMATION

Enter the new Lessor information:

9. _____
 Name of entity from whom you are leasing premises

_____ Lessor's Taxpayer Number _____ License Number

_____ Mailing Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)

_____ City _____ State _____ ZIP Code _____ County

UPDATED PLAYING LOCATION

Enter the new location at which games will be played. **(Attach meeting minutes* and current license copy with this application.)**

10. _____
 Name of location where bingo games will be played

_____ Physical Address of your playing location (Do Not enter PO Box or Directions, i.e., 5 miles north of I-20)

_____ City _____ State _____ ZIP Code _____ County

_____ Playing Location Phone Number (Area Code & Number)

11. Is this location inside the city limits of the city named in Item 10? YES NO

12. Is this location in the same county or an adjacent county as the authorized organization's primary business office address? YES NO

**Meeting minutes should 1) indicate that the organization voted to move playing locations, 2) contain exact playing location name and address, and 3) be signed by an officer with the statement, "I certify these minutes to be true and complete."*

CERTIFICATION FOR LICENSE TO CONDUCT CHARITABLE BINGO

13. Is a license currently held by any organization at the playing location named in Item 10? YES If "YES," proceed to Item 16 NO If "NO," proceed to Item 14
14. The following section must be completed by either the County Clerk or City Secretary for the county or city in which you are proposing to conduct charitable bingo. In the case where the proposed playing location is within the boundaries of an incorporated city or town, the City Secretary's Certificate should be completed. If the proposed playing location is not inside the boundaries of an incorporated city or town, the County Clerk's Certificate should be completed.

COUNTY CLERK'S CERTIFICATE

I hereby certify that the conduct of bingo is lawful in the county named below. I further certify that the location of the premises sought to be licensed herein is not inside the boundaries of an incorporated city or town. Location of playing premises:

_____ Address

_____ City _____ State _____ ZIP Code _____ County

Witness my hand and seal of office this _____ day of _____ A.D. (Year) _____ .

SEAL

X _____
County Clerk

County Clerk of _____
Name of County

CITY SECRETARY'S CERTIFICATE (If not an incorporated city, so state)

I hereby certify that the conduct of bingo is lawful at the location of the premises sought to be licensed herein, and that such location is inside the boundaries of the city or town and is not prohibited by local option election. Location of playing premises:

_____ Address

_____ City _____ State _____ ZIP Code _____ County

Witness my hand and seal of office this _____ day of _____ A.D. (Year) _____ .

SEAL

X _____
City Secretary / Clerk

City Secretary of _____
Name of City

UPDATED BINGO CHAIRPERSON

Enter the new Bingo Chairperson information:

15.

Name (LAST, FIRST, MIDDLE INITIAL)

Social Security Number Driver's License Number State

Home Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)

City State ZIP Code Phone Number (Area Code & Number)

Race M F Gender MM DD YYYY Date of Birth E-mail Address

Position (Check all that apply) Director Officer Operator Worker Registry Number

CERTIFICATION OF RESPONSIBILITY

16. We declare that: 1) all information regarding the organization named in this application is complete and valid, 2) we have read, understand and will abide by the provisions of the Bingo Enabling Act and Charitable Bingo Administrative Rules, and 3) all statements in this application are true and correct to the best of our knowledge and belief.

sign here

Bingo Chairperson (cannot sign as Officer or Director) Print Name and Title Date

sign here

Officer or Director or Operator Print Name and Title Date